

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL  
CARE AND SERVICES PROVIDED

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6a. Podiatrists' Services

Limited to:

1. Routine foot care such as cutting or removing corns, calluses or nails when the patient has a systemic disease of sufficient severity that unskilled performance of such procedure would be hazardous. The patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet.
2. Routine services if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections.
3. Debridement of mycotic toenails to the extent such debridement is performed no more frequently than once every 60 days, unless the medical necessity for more frequent treatment is documented by the billing podiatrist.
4. Office visits will be limited to two (2) per recipient per fiscal year. These visits will count toward the twenty-four (24) physician visit limit as set out in Attachment 3.1.A.1, Item 5 of the Tennessee State Plan.
5. All other limitations that apply to physician services as set out in Attachment 3.1.B.1 of the Tennessee State Plan.

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TN No. 91-8

Supersedes

TN No. 88-5

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' services

Limited to:

1. The performance of external and internal examination of the human eye or eyelid and any diagnosis, treatment (other than by surgery) of patients with infections, inflammations, and abrasions of the eye or eyelid with topically applied drops, ointments or creams, or any referral of patients for consultation or treatment. Optometrists also have the authority to administer benadryl, epinephrine or equivalent medication to counteract anaphylaxis or anaphylactic reaction. An optometrist may use or prescribe topical steroids for not more than seven (7) calendar days from the onset of treatment.
2. The same standards of care as those of primary care physicians providing similar services.
3. Removal of superficial foreign bodies from the conjunctiva of the eye and eyelid.
4. Optometry services for recipients over age 21 do not include services for the purposes of prescribing or providing eyeglasses or contact lenses. Office visits will be limited to four (4) per recipient per fiscal year and will count toward the twenty-four (24) physician visit limit as set out in Attachment 3.1.A.1, Item 5 of the Tennessee State Plan.
5. All other limitations that apply to physician services as set out in Attachment 3.1.B.1 of the Tennessee State Plan.

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6d. Other practitioners' services

1. Physician Assistant

- a. Services of a physician assistant (other than as an assistant-at-surgery) when rendered at an SNF, ICF, or hospital.
- b. Services of a physician assistant as an assistant-at-surgery.
- c. All services provided by a physician assistant must be ordered and billed by a physician.

2. Certified Registered Nurse Anesthetist

Services by a Certified Registered Nurse Anesthetist are covered when she/he has completed an advanced course in anesthesia, and holds a current certification from the American Association of Nurse Anesthetists as a nurse anesthetist.

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7. Home Health Services

Provided to persons who are homebound and limited to a total of sixty (60) services per year provided in accordance with 7a., b. and d.

- c. Durable medical equipment and supplies will be covered when provided through either of these approved Medicaid providers; home health agency or DME supplier, and in accordance with guidelines of the Agency.
  - 1. The list of covered DME and supplies will be established by the Single State Agency.
  - 2. Those items requiring prior approval by the Medicaid Director (or designee) shall also be established by the Single State Agency.
  - 3. Durable medical equipment and supplies will not be counted against the sixty (60) home health services per year.
- d. Speech evaluation must be provided by a certified speech pathologist.

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9. Clinic Services

The following types of clinic services are covered with limitations described for each.

a. Community Mental Health Centers - Services limited to those authorized to be provided.

b. Community Clinics

(1) Community Health Clinics, Community Health Agencies, Community Services Clinics

Services limited to those authorized to be provided by each of the above type clinics.

(2) Ambulatory Surgical Centers - Services limited to those procedures designated by the state agency that can be performed outside the inpatient facility setting.

(3) Community Mental Retardation Clinics - Services provided by qualified Community Mental Retardation Clinics shall be limited to medically necessary preventive, diagnostic, therapeutic, rehabilitative, or palliative services.

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10. Dental Services

Oral Surgery Services Requiring Prior Approval for Recipients 21 Years of Age and Older, and limitations of those services.

- (a) Oral surgery services for persons 21 years of age and older when performed by a qualified physician or a board certified Oral Surgeon. The oral and maxillofacial surgery must be associated with one of the following conditions:

1. Congenital defects
2. Neoplasms
3. Trauma
4. Infection

- (b) Patients who have medical conditions or diagnoses which make them more susceptible to systemic infections or complications would qualify for the treatment of their intra-oral infection, as a necessary part of the treatment of their medical condition or diagnosis.

Examples of such medical conditions or diagnoses are:

1. Pre- or post organ transplants
2. Cardiac valvular disease
3. Post valvular replacement
4. Leukemia
5. Hemophilia
6. Immune suppression therapy or disease
7. Diabetes Mellitus

- (c) Mental retardation alone, without other medical conditions or diagnoses, would not qualify for treatment of intra-oral infections for recipients 21 years of age and older.

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10. continued

- (d) All other cases must be submitted for prior approval. Documentation of the medical conditions or diagnoses must be submitted along with the documentation of the intra-oral condition.
- (e) In emergency and/or urgent cases, prior approval for treatment of intra-oral conditions in patients twenty-one (21) years of age and older, can be given by telephone. Written documentation is required within thirty (30) working days after emergency treatment is rendered.

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed drugs

- (1) Prescription outpatient drugs, as specified in Supplement A, of any manufacturer which has entered into and complies with an agreement under section 1927(a) of the Social Security Act will be a covered benefit when prescribed by an authorized licensed prescriber, unless coverage is excluded or otherwise restricted in accordance with the following:
  - (a) As provided by section 1927(d) of the Social Security Act, hereinafter referred to as the Act, the following drugs or classes of drugs or their medical uses are excluded from coverage or otherwise restricted:  
agents when used for anorexia or weight control,  
agents when used to promote fertility, agents when used for cosmetic purposes or hair growth, agents when used for the symptomatic relief of coughs and colds, agents when used to promote smoking cessation, nonprescription drugs, covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests and monitoring services be purchased exclusively from the manufacturer or its designee, barbiturates, benzodiazepines, and drugs described in section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs.
- (2) No payment will be made for an innovator multiple source drug if, under applicable State law, a less expensive multiple source drug could have been dispensed, but only to the extent that such amount exceeds the upper payment limit for such multiple source drug.
- (3) A prior approval system for drugs requiring prior authorization will comply with section 1927 of the Act.



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- (4) Participating pharmaceutical manufacturers will be furnished drug rebate utilization data and allowed to audit this data as set forth and according to HCFA guidelines pursuant to this Act.
- (5) As provided by the Act, a new drug manufactured by a company which has entered into a rebate agreement shall be covered subject to prior approval, unless the drug is subject to the exclusion categories provided by the Act.
- (6) As specified in section 1927(b)(3)(D) of the Act, notwithstanding any other provision of law, information disclosed by manufacturers shall not be disclosed by the State in a form which discloses the identity of a specific manufacturer or prices charged for drugs by such manufacturers, except as the Secretary determines to be necessary and/or to permit the Comptroller General to review the information provided.
- (7) Separate agreements between the State and the manufacturers require HCFA approval. The State must agree to report rebates from separate agreements.

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SUPPLEMENT A

I. ANTIANXIETY AGENTS

Generic Name

Alprazolam  
Buspirone  
Clorazepate dipotassium  
Chlordiazepoxide  
Chlormezanone  
Diazepam  
Doxepin HCl  
Halazepam  
Lorazepam  
Meprobamate  
Oxazepam  
Prazepam

II. ANTICONVULSANTS

Generic Name

Carbamazepine  
Clonazepam  
Divalproex sodium  
Valproate sodium  
Valproic acid

III. ANTIDEPRESSANTS

Generic Name

Amitriptyline HCl  
Amitriptyline HCl and perphenazine  
Amoxapine  
Benactyzine HCl and meprobamate  
Bupropion HCl  
Chlordiazepoxide and amitriptyline HCl  
Clomipramine HCl  
Desipramine HCl  
Doxepin HCl  
Citalopram  
Fluvoxamine maleate  
Fluoxetine HCl  
Imipramine HCl  
Imipramine pamoate

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